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DATE: January 4, 2007
TO: USPTO
Fax: 571-273-8300
RE: U.S. Serial No. 10/758,356
Our file: SHA-18-CIP

Pages (including cover): 9 pages

Contents:

Transmittal form (1 pg.)
Amendment (7 pgs.)
Credit Card payment form (1 pg.) ?

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Form

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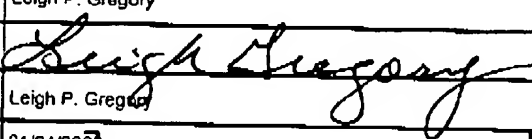
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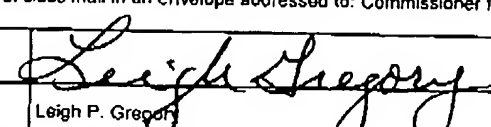
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PTO/SB/21 (09-06)
 Approved for use through 03/31/2007 OMB 0851-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10758,356
	Filing Date	01/15/2004
	First Named Inventor	Shelaby
	Art Unit	1815
	Examiner Name	Mercier, Melissa S.
Total Number of Pages in This Submission	Attorney Docket Number	SHA-18-CIP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Leigh P. Gregory	
Signature		
Printed name	Leigh P. Gregory	
Date	01/04/2007	Reg. No. 33,241

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Leigh P. Gregory
Date	01/04/2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/758,356
Applicant : Shalaby
Filed : January 15, 2004
TC/A.U. : 1615
Examiner : Mercier, Melissa S.

Docket No. : SHA-18-CIP
Customer No. : 29698

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO ELECTION OF SPECIES REQUIREMENT

Sir:

In response to the Election Requirement dated December 22, 2006, Applicant hereby elects the species of group J - surgical monofilament or braided sutures, to which the claims shall be restricted if no generic claim is finally held to be allowable. The claims which read thereon are 1, 11, 13 and 16.

A complete listing of claims begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.